**If you do not want your child to participate in this research study, please sign the opt-out consent form below and return it to [named member of staff or school office] by \_\_/\_\_/\_\_\_\_.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Carer Opt-out Consent Form**

**Study title**: A mixed methods study exploring perfectionism and flourishing in secondary school students

**Researcher name**: Lauren Holmes

**ERGO number**: 48076

I **do not** want my child to take part in this research study.

Name of child (print name)…………………………………………………………………………………….

Name of parent/carer (print name)……………………………………………………………………………

Signature of parent/carer ……………………………………………………………………………………….

Date……………………………………………………………………………………….. ………………………….